

EXHIBIT A

AFFIDAVIT OF TRAVIS C. BURNS, M.D, FAAOS

STATE OF TEXAS

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COUNTY OF BEXAR

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BEFORE ME, the undersigned authority, on this day personally appeared Travis C. Burns, M.D., FAAOS, known to me to be the person whose name is subscribed below and who being first duly sworn by me, according to the law, upon his oath deposed and stated as follows:

“My name is Travis C. Burns, M.D., FAAOS. I am a resident of the state of Texas, above the age of eighteen (18) years, have never been convicted of a felony, am fully competent to make this Affidavit, and have personal knowledge of the facts set forth herein which are true and correct.

“I am a phsycian licensed to practice in the State of Texas specializing in Orthopedic Surgery and am Board Certified with the American Board of Orthopaedic Surgery (ABOS). I have a subspecialty Certificate in Orthopaedic Sports Medicine (ABOS), am a Certified Professional Biller, CPB, am a Certified Orthopedic Surgery Coder, COSC and am licensed in Basic Life Support (BLS).

“I completed the US Army Airborne School in July 1998. I attended the AMEDD Officer Basic Court and was an Honor Graduate in July 2001. I completed the Combat Casualty Care Courte in March 2005 and completed the Combat Extremity Surgery Course in December of 2008. In May 2010, I completed the Captain’s Career Course.

“I have been deployed for Operation Iraqi Freedom in August of 2009 and was deployed again in April of 2016 for Operation Freedom Sentinel.

“I have received an Army Achievement Medal, Army Commendation Medal, and an Army Meritorious Service Medal. I received an Army Atheltic Association Special Award for Outstanding Achievement and Exemplary Leadership in Athletic Competition in 2000.

“I have received The Youth Foundation Award (MVP of the USMA Men’s Tennis Team) in 2000, the an Eastern College Athletic Conference Merit Medal for Excellence in Athletics and Schorlarship in 2000.

“I am a Phi Kappa Phi Honor Society Member, was a National Academic All-American in 1999 and 2000, and a AΩA Honor Society Member since 2004.

“I was a part of the OREF Emerging Leader Program in 2008 for the American Orthopaedic Association. I received the CDR Michael Mazurek Award for the Clinician Scholar Development Program in 2012.

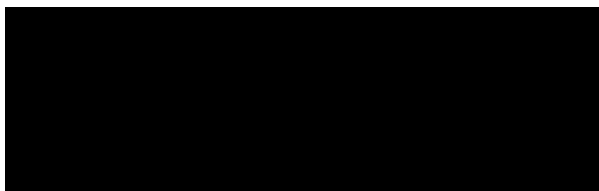
“A copy of my curriculum vitae is attached to this affidavit and is incorporated herein by reference.

“As indicated above, I am an orthopedic surgeon. Orthopedics is the branch of medicine that focuses on injuries and diseases involving the musculoskeletal system. The musculoskeletal system is complex, involving bones, joints, ligaments, tendons, muscles, and nerves, which allow an individual to move, work, and essentially, be active. Orthopedic surgeons use both surgical and nonsurgical means to diagnose, treat, rehabilitate, and even prevent musculoskeletal diseases and injuries including trauma, spine diseases, sports injuries, degenerative diseases, infections, tumors, and congenital disorders. While orthopedic surgeons are educated in all aspects of the musculoskeletal system, many orthopedists specialize in certain areas, such as:

- Foot and ankle
- Hand and wrist
- Hip replacement and reconstruction
- Knee replacement and reconstruction
- Orthopedic oncology
- Orthopedic trauma
- Pediatric orthopedic surgery
- Shoulder and elbow
- Spine
- Sports medicine

To become an orthopedic surgeon, a doctor must undergo extensive training in the proper diagnosis and treatment of injuries and diseases of the musculoskeletal system. The surgeon must complete up to 14 years of formal education, including four years of study in a college or university, four years of study in medical school, five years of training in an orthopedic residency, and one or more additional years of fellowship in a specialized area.

“I have been asked by The Willis Law Group to examine the following cases:



and provide my opinions regarding the radiologic imaging and report of each claimant in the context of each claim or case that has been filed by each claimant. In doing so, I have reviewed the following materials:



Underlying Tort Complaint

Bill of Particulars

Amended Verified Complaint

Claimant's Affidavit

Medical Records, CitiMD Radiology

Medical Records, Kolb Radiology

Medical Records, Merola, Andrew, Ortho

Medical Records, NY Ortho & Spine, Ortho

Medical Records, Palo PT & Rehab, Physical Therapy

Medical Records, Pula, Adrian RPT, Physical Therapy

Medical Records, Univ Ortho, Ortho

Medical Records, Urban Health Plan

Medical Records, Vista Med Rehab, Physical Therapy

Billing Records, NY Ortho

Biling Records, Vista Med Rehab Physical Therapy

Billing Records, Palo PT & Rehab

Biling Records, Surgicare Manhattan

Billing Records, Urban Health Plan

Radiology Imaging, New York Ortho Sports Medicine and Trauma - Cervical, Lumbar & Shoulder, Films Dated 5.14.20

Deposition Transcript, [REDACTED] 1.26.22

Deposition Transcript, [REDACTED] 3.30.23

- [REDACTED]

Underlying Tort Complaint

Bill of Particulars, Bushwick

Bill of Particulars, Capital Concrete

Bill of Particulars, RYC Cleaning

Bill of Particulars, Sam Maintenance Service

Supplemental Bill of Particulars

Medical Records, Comprehensive Ortho & Spine

Medical Records, Elmhurst Hospital

Medical Records, Excell Clinical Lab

Medical Records, IME Ortho, Alvarez, Eduardo, 4.05.19

Medical Records, IME Ortho, Spataro, Anthony, 10.29.19

Medical Records, Kolb Radiology

Medical Records, Lenox Hill Radiology

Medical Records, McCulloch Orthopaedic Surgical

Medical Records, NY Ortho & Sports, Ortho

Medical Records, Pula, Adrian, RPT, Physical Therapy

Billing Records, Elmhurst Hospital

Billing Records, Excell Clinical Lab

Billing Records, Kolb Radiology

Billing Records, McCulloch Ortho Surgical

Billing Records, NY Ortho & Spine

Billing Records, Roosevelt Surgery Center

Billing Records, Titan Pharmacy

Radiology Imaging, Elmhurst Hospital, 10/26/18, Left Knee X-Rays

Radiology Imaging, Elmhurst Hospital, 3/01/18, Left Knee X-Rays

Radiology Imaging, Elmhurst Hospital, 3/01/18, CT Cervical Spine

Radiology Imaging, Elmhurst Hospital, 3/01/18, Left Shoulder X-Rays

Radiology Imaging, Kolb, 12/04/18, MRI Left Knee

Radiology Imaging, Kolb, 3/17/18, MRI Cervical Spine

Radiology Imaging, Lenox Hill, 11/28/20 MRI Right Ankle

Radiology Imaging, Lenox Hill, 3/03/20, MRI Cervical Spine

Radiology Imaging, Lenox Hill, 2/01/22, MRI Right Ankle

Radiology Imaging, Lenox Hill, 2/01/22, X-Ray Right Ankle

Deposition Transcript, [REDACTED] 12.19.22

Deposition Transcript, [REDACTED] 10.23.23

- [REDACTED]
 - Underlying Tort Complaint
 - Bill of Particulars
 - Affidavit in Support of Default
 - Claimant Affidavit
 - Medical Records, CitiMD, Radiology
 - Medical Records, Jankowska, Preop Clearance
 - Medical Records, Kolb Radiology
 - Medical Records, Lenox Hill Radiology
 - Medical Records, Merola, Andrew, Ortho
 - Medical Records, NY Ortho & Spine, Ortho

Medical Records, Pula, Adrian, RPT, Physical Therapy

Medical Records, Westchester Medical Care, Neuro & Rehab

Medical Records, St. Barnabus Hospital

Billing Records, CitiMD

Billing Records, Merola

Billing Records, NY Ortho & Spine

Billing Records, NY PT Ortho

Billing Records, Titan Pharmacy, Rx

Radiology Imaging, St. Barnabus

- [REDACTED]

Underlying Tort Complaint

Amended Verified Complaint

Verified Bill of Particulars (T Silva)

Verified Bill of Particulars (Expo Concrete)

Medical Records, CitiMD

Medical Records, Comprehensive Ortho & Spine

Medical Records, IME D' Ambrosio, Philip 11.30.23

Medical Records, IME Ortho, Katz, Michael, 4.28.22

Medical Records, IME Ortho, Katz, Michael, 12.07.22

Medical Records IME Ortho, Katz, Michael, 12.07.22

Medical Records IME Ortho, Katz, Michael, 3.27.23

Medical Records, IME, Sass, Peter 1.18.22

Medical Records, IME, Sass, peter 3.23.23

Medical Records, IME Ortho, Shein, Wei 1.18.22

Medical Records, IME Addendum Ortho, Shein, Wei 1.24.22

Medical Records, Kolb Radiology

Medical Records, Lenox Hill Radiology

Medical Records, NY Ortho & Spine

Medical Records, Physical Medicine & Rehab

Medical Records, St. Barnabus Hospital

Billing Records, CitiMD

Billing Records, Fifth Avenue Surgery Center

Billing Records, Kolb Radiology

Billing Records, NY Ortho & Spine

Billing Records, Physical Medicine & Rehab

Billing Records, St. Barnabus Hospital

Radiology Imaging, CitiMD

Radiology Imaging, Hudson Regional Medical Center

Radiology Imaging, Kolb Radiology

Radiology Imaging, NY Ortho

Radiology Imaging, St. Barnabus Hospital

Deposition Transcript, [REDACTED] 3.16.23

[REDACTED]

“According to his case records, [REDACTED] was injured on April 23, 2020, at 10 a.m. when he was struck by a falling piece of wood weighing about 70 lbs. to the left side of his body. According to the Bill of Particulars, as a result of this accident, he suffered injury to his L5-S1, C5-6 and left rotator cuff. More specifically, it reflects an alleged diagnosis of C5-C6 radiculopathy; disc

herniations at C4-5 and C5-6 with central and bilateral foraminal narrowing; post traumatic cervical pain with symptoms of cervical radiculopathy; bilateral lumbar radiculopathy; focal central posterior disc herniations at L5-S1 with central and bilateral foraminal narrowing; partial rotator cuff tear involving the supraspinatus and infraspinatus tendons with subdeltoid bursal effusion, left shoulder; post traumatic lumbar pain; fracture of the 11th and 12th ribs; post-traumatic dizziness in association with posterior head/neck pain dizziness likely cervicogenic in nature.

“According to the medical records provided to me, [REDACTED] did not present to a facility until five (5) days after the accident when he went to Urban Health Plan. There is a note in his records that indicates he went to an emergency provider right after the accident, if this is true, I do not have these records. Nevertheless, the Urban Health records reflect [REDACTED] had no bruising but had tenderness at his chest wall, which is described as rib pain, otherwise all findings were within normal limits. There was no past medical history for this patient recorded. X-Rays were unavailable due to COVID. He was given an injection for pain. There was no mention of a rotator cuff tear or bursal effusion, or many of the other complaints set forth in the Bill of Particulars.

“[REDACTED] returned to this clinic on May 5, 2020 as a follow-up appointment. There was no past medical history documented for this patient. At this time, he had no bruising and continued to complain of rib pain. He was referred for imaging and told to follow-up in four weeks. I saw no imaging performed consistent with the imaging referral and this is documented in later records that he did not obtain such imaging. Again, there no mention of a rotator cuff tear or bursal effusion, or many of the other complaints set forth in the Bill of Particulars.

“On May 14, 2020, [REDACTED] presented to Jeffrey Kaplan at New York Ortho, Sports Medicine & Trauma where he, for the first time in three weeks, to my knowledge, complained of left shoulder, cervical and lumbar pain. No medical history was provided. I have no information about what [REDACTED] did or did not do since the date of the alleged accident that could have caused him a new injury and whether this had anything to do with his work. It is unusual for a patient to be presenting with symptoms three weeks after the fact. Nevertheless, an examination was performed according to the records. According to Dr. Kaplan, a physical examination revealed the following:

Objective Note: Physical examination reveals the following: He has tightness and tenderness in the cervical and lumbar paraspinal musculature. He has tenderness in the posterior shoulder girdle. He has pain at the sub-acromial space and over the greater tuberosity. He has anterior delto-pectoral pain. He has pain with arc of motion from 90 to 120 degrees. He is able to abduct to 170 degrees. He has pain with resisted external rotation testing. He has 5/5 strength with internal rotation testing. Positive Speed sign. Positive impingement at the left shoulder. Tenderness at the lower ribs on the left. Pain with sternal compression referred to the lower ribs on the left. Cervical motion is diminished by approximately 50%. Lumbar flexion is to 70 degrees. Extension is to 5 degrees. Straight leg raising is productive of back pain. Spurling maneuver is positive.

An x-ray was taken that allegedly revealed the following:

X-rays taken today of the cervical spine show marked straightening of the cervical curvature with loss of normal lordosis. X-rays of the lumbar spine show straightening of the normal curvature with loss of normal lordosis consistent with muscular spasm. X-rays of the left ribs appear to show a fracture through the tip of the 11th and 12th ribs on the left. These are essentially non-displaced. X-rays of the left shoulder show no acute bony change.

Other than the alleged fractures noted, there are no significant findings causally related, in all reasonable medical probability, to the accident at issue. I have not seen these films. Flowing this, the assessment of these records state:

Assessment Note: Fracture left 11th and 12th rib.
Post traumatic cervical pain with symptoms of cervical radiculopathy.
Left shoulder suspect partial rotator cuff tear. Impingement syndrome.
Post traumatic lumbar pain.
Muscular spasm.

I do not agree with the whole of this assessment as there is insufficient evidence in the medical records to support that the patient suffered from a left shoulder partial rotator cuff tear or impingement syndrome, let alone supporting information to place [REDACTED] in an orthotic device. [REDACTED] was given a prescription for ibuprofen, placed in a lumbar orthotic, sent to physical therapy and sent to Kolb for an MRI of the left shoulder and cervical and lumbar spine. I do not believe physical therapy was warranted at this juncture. It was premature.

“On May 15, 2020, Kolb performed an MRI on [REDACTED] left shoulder which report indicated a partial tear of the supraspinatus and infraspinatus tendons extending to the distal insertion. I do not have this imaging to comment. However, there is a significant time lapse between the alleged initial injury and [REDACTED] shoulder complaints which does not follow a normal course of action for a patient that has this injury. Normally, complaints are made to the first doctor or facility encountered and they were not in this case. There seems to be delayed complaints for whatever reason and the care and treatment also appears to be sorted, which is odd and makes me question the events occurring with this patient.

ASSESSMENT AND PLAN: Rule out labral pathology of the left hip. I am recommending x-rays and MRI of the left hip. The patient ambulates with an antalgic gait. Impingement and instability of the left shoulder, rule out rotator cuff pathology and labral pathology. I am recommending x-rays and MRI of the left shoulder. We need to obtain old records. Further evaluation and management after the x-rays and MRIs are completed. The patient is currently totally disabled from work duties with overall marked partial disability. The patient states he is attending physical therapy again. I must obtain the records. I have no records.

“For physical therapy, [REDACTED] was sent to three facilities, Palo, Puia and Vista from June 24, 2020 through March 24, 2022. The initial referral was for treatment to the cervical and lumbar areas, as well as the shoulder due to a left shoulder contusion and partial rotator cuff tear though I have no information to support the later treatment, nor do the records detail the alleged injury diagnosis, what was done to address the alleged injury, or the prognosis. Why three different facilities were utilized over an extended period of time, I do not know. Such did not appear necessary except for post-operatively. Many of the records are scant without insufficient information to assess what was done and why it was done. There is insufficient pre- and post-injury findings and his progression is not well documented as noted above. The treatments allegedly provided and that can be ascertained from the records can be accomplished, for the most part, at any chiropractic office. Specialized physical therapy is not warranted.

“[REDACTED] returned to New York Ortho on June 11, 2020, having had the above noted imaging. Again, there is a lack of [REDACTED] medical history. We know, based on the records, he worked in construction as a laborer. Laborers, in my experience, often have spinal, knee, arms and shoulder issues due to the inherent nature of their work. On this date, [REDACTED] was assessed as having a partial tear rotator cuff left shoulder with bursal effusion and impingement syndrome, post-traumatic lumbar pain with symptoms of lumbar radiculopathy, and post traumatic cervical pain with cervical disc herniation. I do not agree with this assessment as there is insufficient information to confirm such a diagnosis. My opinion could change but as the records stand, this is my opinion.

“On December 23, 2020, ██████ presented to University of New York for complaints of left hip “popping” and left shoulder pain. There was no past medical history for this patient documented and the facility had in its possession no previous medical records for this patient based on the records provided. Prior to this presentation, there is no demonstrable injury to ██████ hip or notations made that he was walking with an antalgic gait. The physician orders an MRI and X-Rays of ██████ hip on which, I have no records. He also orders an MRI and X-Rays of ██████ shoulder which was previously been done a few months before. If such were done, I have no records or imaging. While it says previous records will be obtained, none were among the medical records for this provider. The above indicates ██████ started therapy again though it appears he never stopped, jumping from one physical therapy place to another for unknown reasons.

“Despite this, on February 22, 2021, ██████ underwent shoulder surgery at the University Orthopedics of New York. According to the operative report, ██████ suffered from post-traumatic left shoulder capsular injury with anterior instability, labral injury, partial rotator cuff tendon tear, subacral impingement syndrome, and to rule out further left shoulder internal derangement. The physician, Dr. Touliopoulos, according to the operative report, performed a left shoulder diagnostic arthroscopy, arthroscopic stabilization via anterior capsulorrhaphy, arthroscopic extensive debridement with debridement of SLAP lesion and debridement of partial rotator cuff tendon tear, and arthroscopic subacromial decompression. I do not believe such was, in all reasonable medical probability, related to the accident at issue and rather, degenerative in nature. Based on the medical evidence provided, there was not a traumatic labral tear. It was likely due to osteoarthritis. The surgery was not medically necessary related to acute pathology from the described injury. warranted and should not have been performed.

“I defer to the opinions of Dr. Jorgensen on the spine issues and the necessity of such surgery performed by Dr. Andrew Merola on February 24, 2022.

██████

“According to his case records, ██████ was injured on February 8, 2018, at 11 a.m. when he fell from a ladder. However, further case records are inconsistent with this alleged fact scenario in the complaint and with each other. Other medical records indicate ██████ was injured from falling off the third step of a ladder onto a steel beam, from falling from height, from tripping, from falling when one of the steps collapsed leaving him to fall six steps, falling off five-foot ladder, and falling from sixth step of a ladder. According to one Bill of Particulars, as a result of this accident, ██████ was allegedly diagnosed with disc herniation at C6-7 impinging upon the thecal sac and right lateral recess with narrowing of the neural foramina bilaterally, posterior disc herniation at C4-5 with central and right foraminal narrowing, post traumatic cervical pain with symptoms of cervical radiculopathy, left shoulder internal derangement, left shoulder pain, left knee pain, left knee sprain, and left knee contusion. According to others, he sustained the following injuries: internal derangement of the left knee, parrot-beak type tear medial meniscus, posterior horn of the left knee, radial tear of the lateral meniscus, left knee, articular surface injury of distal femur, articular surface and patellofemoral groove, left knee, partial tear of anterior cruciate ligament of left knee, severe synovitis, multiple compartments, left knee, having a left knee arthroscopy with partial medial and lateral meniscectomies, abrasion chondroplasty of distal femoral condyle articular surface, major synovectomy in multiple compartments, left knee, and disc herniation at C6-C7 impinging upon the thecal sac and right lateral recess with narrowing of

the neural foramina bilaterally, posterior disc herniation at C4-C5 with central and right foraminal narrowing, post traumatic cervical pain with symptoms of cervical radiculopathy, left shoulder internal derangement, left shoulder pain, left knee pain, left knee sprain, and left knee contusion.

“████████ continued to work for three weeks before seeing any medical provider. On March 1, 2018, he presented to Elmhurst Hospital for complaints of left shoulder, right foot, and left knee pain. He was diagnosed with a contusion of the left knee, neck strain and injury to the left shoulder. Upon physical examination, his gait was steady. There was no previous medical history noted. While █████████ demonstrated tenderness in the cervical area, his range of motion was within normal limits. There was no spine pain and no contusions. Neurologically, there was no loss of consciousness, no headache, no dizziness. Thoracic and lumbar regions within normal limits. While his knee and shoulder were tender, they were neurovascularly intact and within normal limits with no skin contusions. He had mild to moderate multilevel degenerative disc disease with no significant spinal canal or neuroforaminal stenosis. He was diagnosed ultimately with cervical and left shoulder strain and contusion of the left knee.

“On August 14, 2018, █████████ represented to Elmhurst complaining of earaches. There were no cervical complaints and his neurologic examination was within normal limits. He represented again on October 26, 2018, with complaints of knee pain. Radiographs were taken and were found to be within normal limits. He again went to Elmhurst on November 5, 2018 with the same complaints, this time using a walking device. Why, I do not know. Another x-ray was taken and was found to be within normal limits with the exception of a small effusion which is not unusual for a patient of this age and employment background. Normally the most accurate recording of a patient’s complaints is taken immediately after an incident. The later presentations appear to be somewhat contradictory to his first presentation to a healthcare professional and therefore suspicious.

“Despite the Elmhurst findings, █████████ presented to New York Ortho, Sports Medicine & Trauma on March 13, 2018 complaining of pain to his knee, shoulder, and neck. He was found within normal limits on x-ray with full range of motion in the shoulder on examination. He had good rotator cuff strength. Interestingly, he was placed in a cervical collar and sent for an MRI. According to the MRI report from Kolb dated March 17, 2018, █████████ suffered from a herniation at C4-C5 impinging on thecal sac with mild narrowing of the right neural foramen, a C6-C7 herniation impinging on thecal sac and right lateral recess with mild narrowing neural foramen bilaterally. █████████ returned to New York Ortho on April 17, 2018 for complaints about his shoulder. Why the month delay, I do not know but again, this is not usual for a patient. At this time, █████████ was diagnosed with “left shoulder derangement.” He was sent for physical therapy and ESI. Kolb performed an MRI of █████████ left knee on December 4, 2018, which the report reflected █████████ had a flap tear of the peripheral inferior articular surface of the posterior horn and body of the medial meniscus, a posterior capsular disruption with a 3-centimeter popliteal cyst, a partial tear of the posterior tibial insertion of the medial collateral ligament, a 9-millimeter osteochondral defect in the anterior medial femoral condyles and joint effusion. He continued with New York Ortho, ESI, physical therapy, and more radiographs as time went on.

“On June 3, 2019, █████████ had a chest xX-ray at East Side Primary which was reported within normal limits. On March 3, 2020, he had another MRI of his cervical area at Lenox which report stated he had a disc bulging with a superimposed right posterolateral disc protrusion narrowing the right lateral recess at C6-C7, a posterior disc bulging deforming the thecal sac at

C5-C6, a posterior disc bulge, greater to the right of midline, mildly deforming the thecal sac at C3-C4, and a straightening of the cervical lordosis. I again defer to the opinions of Dr. Jorgensen on the spine issues and the necessity of such care and treatment.

“By July 27, 2020, the complaints to New York Ortho now included the ankle which had not been an issue previously. Again, this is not usual for a patient to go months without complaints and then suddenly complain and relate the symptoms to a prior event. From this point forward, all efforts were concentrated on [REDACTED] ankle while physical therapy concentrated on his cervical spine. On November 28, 2020, well over two years after the alleged accident, [REDACTED] had an MRI taken of the ankle by Lenox and the report reflected heterotopic ossification in the syndesmosis and in the region of the anterior inferior and posterior inferior tibiofibular ligament, thickening of the anterior talofibular ligament and calcaneofibular ligament consistent with partial thickness tear, an ossicle in the anterior talofibular ligament, thickening and edema of the deep fibers of the deltoid ligament consistent with partial tear of the deep fibers thickening of the superomedial portion of the spring ligament compatible with partial thickness tear, advanced arthropathy of the hindfoot and midfoot, peroneal tenosynovitis, insertional tendinosis of the posterior tibial tendon, medial and lateral subcutaneous edema which could reflect soft tissue contusion, moderate tibiotalar and subtalar joint effusion, and partial replacement of the sinus tarsi fat with edema. He was referred for surgery on January 19, 2021, almost three years after the accident.

“On February 19, 2021, [REDACTED] underwent surgery to his right ankle for alleged right ankle internal derangement, right ankle joint effusion, right ankle partial tears of anterior talofibular ligament and calcaneofibular ligaments, right ankle avulsion fracture of distal fibula, right ankle tenosynovitis of peroneal tendons, right ankle tendinosis of posterior tibial tendon. He had osteoarthritis. Almost a year later, on February 1, 2022, [REDACTED] had an x-ray of his right ankle at Lenox which was compared to a previous MRI from 2020. The report stated there was no fracture or post fracture deformity, normal bone mineral density by x-ray technique, moderate to severe osteoarthritis of the tibiotalar and subtalar joints with remodeling of the articular surfaces, subchondral sclerosis, and marginal spurring, and ossification of the interosseous ligament distally. An MRI was then taken the same date of the ankle by Lenox and the report reflected heterotopic ossification of the anterior inferior tibiofibular ligament and posterior inferior tibiofibular ligament, thickening of the interosseous ligaments consistent with scarring from partial tear, status post ATFL reconstruction, thickening of the anterior talofibular ligament consistent with scarring/granulation tissue, no fluid disruption is identified, the calcaneofibular ligament is intact, diffuse intermediate to high-grade cartilage loss throughout the tibiotalar joint with subchondral marrow edema with some remodeling and osteophytes formation at the joint margin, advanced cartilage loss with marrow edema cystic change at the second tarsal/metatarsal joint, low-grade plantar fasciitis, tendinosis/tenosynovitis of the inframalleolar segment of the posterior tibial tendon and tibiotalar and subtalar joint effusion.

“I have reviewed the MRI taken of [REDACTED] left knee which does reflect a tear in the medial meniscus with arthritis. However, such is degenerative in nature and not due to trauma. In other words, in all reasonable medical probability, the medial meniscus tear and chondromalacia of the medial compartment is not causally related to the accident at issue. The MRI taken of [REDACTED] right ankle, three years after the accident, demonstrates arthritis and inflammation of the tendon outside of the ankle. This is wholly unrelated to the accident and, in all reasonable

medical probability, is degenerative. [REDACTED] had right ankle surgery on June 19, 2019, based on the medical records. A later x-ray demonstrates arthritis. Overall, while [REDACTED] had mild subjective complaints, his condition improved. His overall condition is degenerative in nature and in all reasonable medical probability, unrelated to the accident at issue.

"I await further imaging and records to provide any further opinions on [REDACTED]

"According to his case records, [REDACTED] was injured on December 6, 2021, at 3 p.m. when he fell from an improperly secured elevated surface. However, further case records are somewhat inconsistent with this alleged fact scenario in the complaint and with each other. Other records indicate [REDACTED] was injured while disposing of construction debris, when he fell from the second floor hitting his shoulder and leg on the left side, and/or while holding a heavy trash can weighing 50 lbs. when he slipped and fell on his left side. According to the Bill of Particulars, as a result of this accident, he was allegedly diagnosed with a posterior disc bulge at C3-C4 impinging upon the thecal sac with narrowing the left-sided neural foramen, broad posterior disc herniation at C4-C5 impinging upon the thecal sac, posterior disc bulge at C6-C7 impinging upon the thecal sac, disc bulge at L4-L5 impinging upon the thecal sac, narrowing the inferior aspects of the neural foramina bilaterally, lumbar radiculopathy, cervical radiculopathy, intra substance tear of posterior horn medial meniscus, left knee, partial tear of the anterior cruciate ligament of the left knee, rotator cuff tear at the anterior supraspinatus musculotendinous junction, left shoulder, internal derangement with peripheral tear, left shoulder, internal derangement of left wrist, internal derangement of left ankle, head trauma, and antalgic gait.

"According to the medical records provided to me, [REDACTED] first presented to St. Barnabas following the incident on December 6, 2021. According to these records, recorded immediately after the accident, [REDACTED] fell from a second floor hitting his shoulder and leg on the left side. He had no altered mental status, no confusion or vision issues, and a Glasgow Coma Scale of 15, which is normal. He complained of left shoulder pain and nothing else. His left shoulder was tested and found to have normal range of movement without pain. While there was tenderness to his left hip and knee, there were absolutely no abrasions noted. This is odd if he had fallen from a second story floor. CT scans of [REDACTED] brain and lumbar regions were taken and found to be within normal limits. X-Rays were taken of his left knee, pelvis, and chest and were found to be within normal limits. Occult fractures of the pelvis were considered and the records state that a CT might be performed to rule out such fracture. To my knowledge, none was performed. He was discharged on Tylenol. This should have been the end of it.

"Despite the foregoing findings, numerous MRIs were subsequently done by Kolb beginning December 22, 2021. I do not know what occurred with [REDACTED] between the time he left the hospital and this referral to Kolb as I do not have any records. Based on the foregoing at St. Barnabas, these were not needed. The MRI of the lumbar spine taken December 22, 2021, according to the report, demonstrated a disc bulge at L4-5 impinging upon the thecal sac narrowing the inferior aspects of the neural foramina bilaterally with the rest being within normal limits. The MRI of the cervical spine taken December 22, 2021, according to the report, demonstrated a posterior disc herniation at C4-C5 impinging upon the thecal sac, and shallow posterior disc bulges at C3-C4 and C6-C7 with the rest being within normal limits. On November 1, 2022, less than a year later, MRIs were again taken of [REDACTED] cervical and lumbar spine. Why, I do not know

as a year had not passed since the previous MRIs. The MRI of the lumbar spine, according to the report, demonstrated a disc bulge at L4-5 mildly impinging upon the thecal sac in the inferior aspects of the neural foramina bilaterally with the rest being within normal limits. The MRI of the cervical spine, according to the report, demonstrated a shallow posterior disc herniation at C4-C5 impinging upon the thecal sac, disc bulges at C3-C4 and C6-C7 with the rest being within normal limits. These MRI findings describe a normal healthy spine in a young 20-year-old male. These MRI findings are normal and do not indicate any trauma or any significant degeneration. However, I defer to the opinions of Dr. Jorgensen on the spine issues and the necessity of such care and treatment.

“On January 3, 2022, MRIs were taken of [REDACTED] knee and shoulder. Why this was not done previously when he was already at Kolb I do not know. Nevertheless, according to the knee report, there was a partial tear of the anterior cruciate ligament, with the posterior cruciate ligament being intact and small joint effusion. According to the shoulder report, there was a low-grade partial rotator cuff tear at the anterior supraspinatus tendon at its musculotendinous junction. The imaging is not available for review.

“On April 19, 2023, [REDACTED] underwent “neuro rehabilitation” at Westchester where there is information, for the first time, that he had loss of consciousness, a headache, syncope and other issues leading to a “diagnosis” of traumatic brain injury. This is inconsistent with the initial medical evaluations after the incident.

“I await further imaging and records to provide any further opinions on [REDACTED]

“According to his case records, [REDACTED] was injured on October 29, 2021, when construction material “fell from above” striking him. Further case records indicate he was hit by a metal beam that fell from the third floor of a construction site. Other records say he was injured when the beam fell and hit his right arm, another when he twisted, another when twisted while withdrawing, fell backward, fell forward, fell backward striking a pole and placing props. Such factual alleged actions are not consistent. According to the Bill of Particulars, as a result of this accident, [REDACTED] was allegedly diagnosed with a posterior disc bulge at C3-C4 impinging upon the thecal sac with narrowing the left-sided neural foramen, broad posterior disc herniation at C4-C5 impinging upon the thecal sac, posterior disc bulge at C6-C7 impinging upon the thecal sac, disc bulge at L4-L5 impinging upon the thecal sac, narrowing the inferior aspects of the neural foramina bilaterally, lumbar radiculopathy, cervical radiculopathy, intra substance tear of posterior horn medial meniscus, left knee, partial tear of the anterior cruciate ligament of the left knee, rotator cuff tear at the anterior supraspinatus musculotendinous junction, left shoulder, internal derangement with peripheral tear, left shoulder, internal derangement of left wrist, internal derangement of left ankle, head trauma, and antalgic gait. He continued to work until November 30, 2021, about a month after his alleged disabling injuries.

“According to the medical records provided to me, there were numerous examinations and radiologic testing performed on various body parts of [REDACTED] On October 29, 2021, at St. Barnabas, he had an X-Ray of the right elbow which was within normal limits. According to these records, which are the first after the accident, he complained only of right arm pain and arrived by bus and was ambulatory. There was no medical history provided, no swelling, redness or head

trauma. His neurologic exam was within normal limits. His cervical, thoracic and lumbar spine examination was within normal limits. He was alert, oriented time, place and person, which is normal. Neurovascularly, he was intact with a power of 5/5. He was discharged on Tylenol and Motrin. Nothing in these records warranted [REDACTED] needing further medical care and treatment.

“Despite the foregoing findings which are essentially normal, [REDACTED] presented to Summit CityMD NY a month later on December 1, 2021, where no real history was documented. This time [REDACTED], who returned to work after his alleged accident, complained of left arm and shoulder pain and back pain. Noted is that he had a previous X-Ray of his arm which was normal. His physical exam showed no swelling, bruising, erythema, warmth, deformity, trapezius tenderness, and skin wound and sensation intact for his entire spine but for the first time, a month later, he had mid and lower back pain. We do not know what [REDACTED] did in the two prior months from the date of his accident. Nevertheless, without a medical basis for some of the radiographs, [REDACTED] underwent three cervical spine X-Rays, two thoracic spine X-Rays, three lumbar spine X-Rays and a CT of the thoracic spine for possible compression fracture, and an MRI was ordered at CitiMD. Some tenderness was noted on exam. [REDACTED] was not distressed and had a normal psych evaluation. By the 7th, he was referred to an orthopedic surgeon and to Kolb for radiologic imaging of the elbow. On December 16, 2021, [REDACTED] had an MRI of his right elbow at Kolb which report stated there was a tear of the common flexor tendon with associated soft tissue edema. The MRI reveals thickening of the ECRB origin consistent with lateral epicondylitis which is a common age related degenerative finding. There was no evidence of acute tendon tear. . On the 20th of the same month, he underwent an MRI of the cervical spine at Kolb which report indicated he suffered from posterior disc herniations at C4- C5 and C6-C7 impinging upon the thecal sac, as well as a disc bulge at C3-C4. Of the images that were available at the time of this report, I reviewed the MRI of [REDACTED] right elbow dated December 16, 2021 from Kolb. Despite what is said in the Kolb report, there is not a demonstrative tear of the common flexor tendon of this claimant. Rather, the imaging shows thickening and tendonitis. This is, in all reasonable medical probability, pre-existing, especially in light of [REDACTED] employment as a laborer. This is degenerative in nature and not causally related to the accident at issue in all reasonable medical probability. I reviewed his right shoulder MRI from 4/5/2022. The MRI taken of [REDACTED] shoulder reveals an intact rotator cuff with minimal tendinopathy and no evidence of rotator cuff tear. The imaging of his left shoulder reveals mild degenerative pathology is degenerative, and in all reasonable medical probability, pre-existing.

“That same day, on December 16, 2021, [REDACTED] also underwent an MRI of the lumbar spine which, according to the report, showed shallow posterior disc herniations at L4- L5 and L5-S1 impinging upon the thecal sac and with narrowing of the inferior aspect of the left- sided neural foramina at both levels. That next month, on January 7, 2022, a cervical spinal X-Ray revealed, according to the radiology report, unstable grade 1 retrolistheses of C4 upon C5 and C6 upon C6. That same day, an X-Ray was also taken of [REDACTED] lumbar spine. This, according to the report, revealed a minimal anterior marginal osteophyte formation at the superior endplates of L4 and L5. He was continuously “evaluated” by New York Ortho Drs. Kaplan and Grimm and was given physical therapy, nerve conduction studies, and medication including ESIs. I defer to the opinions of Dr. Jorgensen on the spine issues and the necessity of such care and treatment.

“On February 10, 2022, an MRI was performed again on [REDACTED] lumbar spine at Lenox and, according to the report, revealed hemangioma in L4, mild diffuse facet hypertrophy at the

facet joints, a straightening of the lumbar lordosis, a disc bulge with a left foraminal herniation at L4-L5, with a bilateral foraminal impingement more prominent on the left than on the right and anterior thecal sac impingement, a disc bulge associated bilateral S1 nerve roots at L5-S1 with a left foraminal herniation with left foraminal impingement. An MRI of [REDACTED] right shoulder at Kolb which, per the report, showed a partial rotator cuff tear involving the supraspinatus and infra spinatus tendons extending to the distal insertion; tear of the anterior labrum extending into the inferior labrum. A comparison MRI of the cervical spine of [REDACTED] was again conducted at Kolb on January 26, 2023 which allegedly showed disc herniations at C4-5 and C5-6 impinging upon the thecal sac with no interval change and a disc bulge at C3-4. A typographical error was corrected in an addendum dated March 6, 2023. A CT was conducted days later without explanation at Kolb which, according to the report, disc herniations at C4-C5 and C6-C7 impinging upon the thecal sac, a disc bulge at C3-C4, mild degenerative changes and a mild grade 1 retrolisthesis of C4 upon C5. I again defer to the opinions of Dr. Jorgensen on the spine issues and the necessity of such care and treatment.

"On August 8, 2023, he underwent a cervical fusion by Dr. Weinstein at Hudson Regional Medical Center. Little was done post-operatively.

"I await further imaging and records to provide any further opinions on [REDACTED]

"It is my area of expertise to opine whether certain surgeries and/or care and treatment were warranted in any of these instances based on the medical records and imaging and found in more than one case, they were not. No physician should be performing operations on patients without a medical need for such. If one is warranted due to degenerative conditions, that is not an issue. What is an issue however, is the same healthcare providers opining that such conditions are causally related to an alleged construction accident which they clearly were not. Many of the radiologic findings were degenerative in nature and wholly unrelated to the accidents alleged.

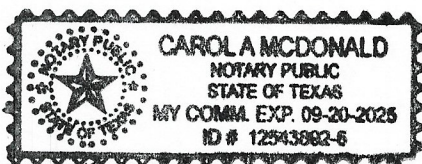
"I reserve the right to supplement and/or amend this Affidavit as additional materials become available to me for consideration.

"Further Affiant Sayeth Not."

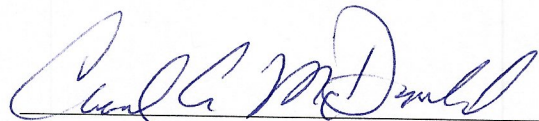


TRAVIS C. BURNS, M.D., FAAOS

SUBSCRIBED AND SWORN TO BEFORE ME this the 3rd day April 2024.



Commission Expiration: 9/30/25



Notary Public in and for the State of Texas

Travis C. Burns, M.D., FAAOS

Orthopedic Sports Medicine
Board Certified, Fellowship Trained
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Certified Orthopedic Surgery Coder, COSC
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Updated: January 2, 2024

CURRENT PRACTICE & POSITIONS

Ortho San Antonio

Orthopedic Surgeon
2833 Babcock Rd, Tower II, #435
San Antonio, Tx 78229, *Sep 2018 to Present*



Surgeon, Orthopedic Service

Audie L. Murphy Memorial VA Hospital
7400 Merton Minter
San Antonio, Tx 78229, *Apr 2019 to Present*

Team Physician

University of Incarnate Word
Oliver Wendell Holmes High School
John Marshall High School

Medical Director, Orthopedics

Christus Santa Rosa Westover Hills
11212 Tx 151
San Antonio, Texas 78251, *Jan 2019 to Present*

Adjunct Assistant Professor

Department of Orthopedics
Long School of Medicine
7703 Floyd Curl Dr, San Antonio, TX 78229
University of Texas Health Science Center
San Antonio, Texas, *Jan 2019 to Present*

Lieutenant Colonel, US Army Reserves

Military Academy Liaison Officer (MALO)
United States Military Academy
West Point, New York, *May 2019 to Present*

EDUCATION

08/2010 – 08/2011	John A. Feagin, Jr. Sports Medicine Fellowship	900 Washington Rd West Point, NY 10996
07/2004 – 07/2009	Orthopaedic Surgery Residency San Antonio Military Medical Center	3551 Roger Brooke Dr Ft Sam Houston, TX 78234
08/2000 – 05/2004	University of Texas Health Science Center M.D.	7000 Fannin St #1200 Houston, TX 77030
06/1996 – 05/2000	United States Military Academy Bachelor of Science	606 Thayer Rd West Point, NY 10996

LICENSING & CERTIFICATION

Board Certified - American Board of Orthopaedic Surgery (ABOS)
Subspecialty Certificate in Orthopaedic Sports Medicine (ABOS)
Certified Professional Biller, CPB
Certified Orthopedic Surgery Coder, COSC
Texas Medical License: M3483, expires 11/30/2023
Basic Life Support (BLS)
NPI: 1487678702

HONORS & AWARDS

AAOS Senior Achievement Award 2019
AAOS Achievement Award 2018
AOSSM SLARD Sports Medicine Traveling Fellowship - 2014
CDR Michael Mazurek Award – Clinician Scholar Development Program – 2012
American Orthopaedic Association AOA/OREF Emerging Leader Program - 2008
AQA Honor Society Member - 2004
National Academic All-American - 1999, 2000
Phi Kappa Phi Honor Society Member
Eastern College Athletic Conference Merit Medal - Excellence in Athletics and
Scholarship – 2000
The Youth Foundation Award (MVP of the USMA Men's Tennis Team) – 2000
Army Athletic Association Special Award – Outstanding Achievement and Exemplary
Leadership in Athletic Competition – 2000
Army Meritorious Service Medal
Army Commendation Medal
Army Achievement Medal

PRIOR CLINICAL POSITIONS

Orthopedic Surgery Staff
Chief, Sports Medicine and Shoulder Service
San Antonio Military Medical Center
3551 Roger Brooke Dr
Ft Sam Houston, TX 78234
San Antonio, Texas, *August 2011 to September 2018*

Orthopedic Staff Surgeon
129th Medical Company
Kabul, Afghanistan, *April 2016 to August 2016*

Team Physician
Randolph High School
W Perimeter Rd, Universal City, TX 78148
San Antonio, Texas, *August 2011 to September 2018*

Orthopedic Staff Surgeon
General Leonard Wood Army Community Hospital
4430 Missouri Ave, Fort Leonard Wood, MO 65473
Fort Leonard Wood, Missouri, *July 2009 to July 2010*

Orthopedic Staff Surgeon
47th/21st Combat Support Hospital
Mosul, Iraq, *August 2009 to February 2010*

ACADEMIC/COMMITTEE POSITIONS

Self-Assessment Exam Committee Member
AOSSM, 08/01/2018 to Present

Enduring Education Committee Member
AOSSM, 2015-2019

Sports Medicine/Arthroscopy Program Committee
AAOS, Annual Meeting, Las Vegas, NV 2019

Sports Medicine/Arthroscopy Program Committee
AAOS, Annual Meeting, New Orleans, LA 2018
2017-2023

OKO Committee Member
AOSSM, 2014-2016

Assistant Program Director - Research
San Antonio Military Medical Center
Orthopaedic Residency 2012 to 2015

Scientific Program Director
Society of Military Orthopaedic Surgeons
Annual Meeting 2015, St. Petersburg, Florida

Program Director
George E. Omer Jr. MD Research Symposium & Alumni Lectureship
17th Annual Meeting 2015, San Antonio, Texas

Program Director
George E. Omer Jr. MD Research Symposium & Alumni Lectureship
16th Annual Meeting 2014, San Antonio, Texas

Program Director
George E. Omer Jr. MD Research Symposium & Alumni Lectureship
15th Annual Meeting 2013, San Antonio, Texas

Reviewer, American Journal of Sports Medicine
August 2011 to 2018

Treasurer, Society of Military Orthopedic Surgeons
December 2011 to December 2014

MILITARY EXPERIENCE:

Apr 2016	Deployment, Operation Freedom Sentinel	Kabul, Afghanistan
May 2010	Captain's Career Course	Ft. Sam Houston, TX
Aug 2009	Deployment, Operation Iraqi Freedom	Mosul, Iraq
Dec 2008	Combat Extremity Surgery Course	Las Vegas, NV
Mar 2005	Combat Casualty Care Course	Ft. Sam Houston, TX
July 2001	AMEDD Officer Basic Course	Ft. Sam Houston, TX
	Honor Graduate	
July 1998	US Army Airborne School	Ft. Benning, GA

GRANT FUNDING

Site PI: Evaluation of micronized amnion in the management of chondral defects in a sheep model.
CDMRP funding period 2015-2017

Site PI: Evaluation of juvenile articular cartilage (Denovo) in the management of articular cartilage defects of the knee. Funding source: Zimmer. 2013-2018

Associate Investigator: Comparison of arthroscopy virtual simulator to dry lab in resident training and resident performance. CDMRP funding period 2015-2017

Site PI: Multiligament knee injury multi-center prospective evaluation. CDMRP funding period 2016-2018

JOURNAL ARTICLES

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Altintas B, Martetschläger F, Fritz EM, Warth RJ, Greenspoon JA, **Burns TC**, Anderson NL, Millett PJ. Conjoint Tendon Tenotomy for Glenoid Exposure in the Setting of Previous Coracoid Transfer. *Arthrosc Tech*. 2019 Nov 13;8(11):e1411-e1415. doi: 10.1016/j.eats.2019.07.021. PMID: 31890515

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BOOK CHAPTERS

Svoboda SJ, **Burns TC**, Giuliani J, Owens BD.. Meniscus Transplantation in the Multiple Ligament Injured Knee. Fanelli G, ed. *The Multiple Ligament Injured Knee*, 2nd Ed. Springer, New York. (In Press).

Owens BD, **Burns TC**, DeBerardino TM. Examination and Classification of Instability. Romeo AA, Provencher MT, eds. *Shoulder Instability: A Comprehensive Approach*. Elsevier, Philadelphia (In Press).

Owens BD, **Burns TC**, Goss TP. Open Reduction and Internal Fixation of Glenoid Fractures. Craig EV, ed. *Master Techniques in Orthopaedic Surgery: Shoulder*. Lippincott Williams & Wilkins, Philadelphia. (In Press).

Burns TC, Stinner DJ, Hsu JR. Long-Bone Fracture Management. Owens BD, Belmont PJ, eds. *Combat Orthopedic Surgery: Lessons Learned in Iraq and Afghanistan*. SLACK, Thorofare. 2011.

Burns TC, Dutta AK. Elbow Arthrodesis. Morrey's Elbow and Its Disorders, 5th Edition. Elsevier, Philadelphia (In Press).

SCIENTIFIC POSTER PRESENTATIONS

Parr TJ and **Burns TC**. Overuse Injuries of the Olecranon in Adolescents. Society of Military Orthopaedic Surgeons 44th Annual Meeting. San Diego, CA. 11-16 December 2002.

Needham J, **Burns TC**, Gerlinger T. Catastrophic Failure of Ceramic-Polyethylene Bearing Total Hip Arthroplasty. Society of Military Orthopaedic Surgeons 48th Annual Meeting. Honolulu, HI. 11-16 December 2006.

Needham J, **Burns TC**, Gerlinger T. Catastrophic Failure of Ceramic-Polyethylene Bearing Arthroplasty. Third Annual Joint Arthroplasty Young Investigators' Conference. San Diego, CA. 13 February 2007.

Burns TC, Stinner DJ, Possley DR, Mack AW, Eckel TT, Potter BK, Wenke JC, Hsu JR. "Does the zone of injury in Combat Related Type III Open Tibia Fractures Preclude Use of Local Soft Tissue Coverage?" Special Emphasis Poster American Orthopaedic Association 123rd Annual Meeting, Coronado, CA. 9-12 June 2010.

Beltran MJ, **Burns TC**, Eckel TT, Potter BK, Wenke JC, Hsu JR. Fate of Combat Nerve Injury. American Academy of Orthopaedic Surgeons Annual Meeting, San Diego, CA. 15-19 February 2011.

SCIENTIFIC PODIUM PRESENTATIONS

Thomas D and **Burns TC**. Results of Traumatic Quadriceps Tendon Rupture. Society of Military Orthopaedic Surgeons 46th Annual Meeting. Vail, CO. 11-16 December 2004.

Andersen RC, Frisch HM, Farber GL, Groth A, Mack AW, Ledford CL, Forsberg JA, Potter BK, Gwinn DE, Beer RM, Mickel TJ, **Burns T**, Lacap A, Ahmed S, Kuklo TR, Kumar AR, K Walick, Hayda RA. From Iraq - Back to Iraq: Modern Combat Orthopaedic Care: Reconstruction of Complex Injuries: Success and Challenges. Orthopaedic Trauma Association 22nd Annual Meeting. Phoenix, AZ. 5-7 October 2006.

Andersen RC, Frisch HM, Farber GL, Groth A, Mack AW, Ledford CL, Forsberg JA, Potter BK, Gwinn DE, Beer RM, Mickel TJ, **Burns T**, Lacap A, Ahmed S, Kuklo TR, Kumar AR, K Walick, and Hayda RA. From Iraq - Back to Iraq: Modern Combat Orthopaedic Care: Reconstruction of Complex Injuries: Success and Challenges. TRISAT Trauma Conference. San Antonio, TX. 19-21 September 2006.

Cuenca RA, Potter BK, Helgeson MD, **Burns T**, Javernick MA, Hayda RA, Granville RR, Gajewski DA. Risk Factors for and Results of Late or Delayed Amputation Following Combat-Related Injuries to the Extremities. Society of Military Orthopaedic Surgeons 48th Annual Meeting. Honolulu, HI. 11-16 December 2006.

Burns TC, Mack AW, Potter BK, Svoboda S, Frisch HM, Hayda RA. OIF/OEF Grade III Tibia Fractures. Society of Military Orthopaedic Surgeons 48th Annual Meeting. Honolulu HI. 11-16 December 2006.

Andersen RC, Frisch HM, Farber GL, Groth A, Mack AW, Ledford CL, Forsberg JA, Potter BK, Gwinn DE, Beer RM, Mickel TJ, **Burns T**, Lacap A, Ahmed S, Kuklo TR, Kumar AR, K Walick, and Hayda RA. From Iraq - Back to Iraq: Modern Combat Orthopaedic Care: Reconstruction of Complex Injuries: Success and Challenges. 74th Annual Meeting of the American Academy of Orthopaedic Surgeons. San Diego, CA. 14-18 February 2007.

Andersen RC, Frisch HM, Farber GL, Kumar AR, Groth AT, Mack AW, Ledford CL, Forsberg JA, Potter BK, Ficke JR, Keeling JJ, Shawen SB, Gwinn DE, Beer RM, Mickel TJ, **Burns TC**, Walick KS, Branstetter JG, LaCap A, Newman MT, Ahmed SI, Kuklo TR, and Hayda RA. War Time Injuries, Maryland Orthopaedic Society, Baltimore, Maryland, 21 April 2007.

Andersen RC, Frisch HM, Farber GL, Mazurek MT, Covey DC, Kumar AR, Groth AT, Mack AW, Ledford CL, Forsberg JA, Potter BK, Ficke JR, Keeling JJ, Shawen SB, Gwinn DE, Beer RM, Powell E, Osgood G, Mickel TJ, **Burns TC**, Walick KS, Branstetter JG, LaCap A, Newman MT, Ahmed SI, Kuklo TR, and Hayda RA. War Time Injuries, Indiana Orthopaedic Society, Florance, Indiana, 27 April 2007.

Andersen RC, Frisch HM, Farber GL, Kumar AR, Groth AT, Mack AW, Ledford CL, Forsberg JA, Potter BK, Ficke JR, Keeling JJ, Shawen SB, Gwinn DE, Beer RM, Mickel TJ, **Burns TC**, Walick KS, Branstetter JG, LaCap A, Newman MT, Ahmed SI, and Hayda RA. Treatment of War Injuries at the Definitive Care Centers, National Orthopaedic Leadership Conference, Washington, District of Columbia, 4 May 2007.

Stinner DJ, **Burns TC**, Kirk KL, Ficke JR. "Return to Duty Rate of Amputee Soldiers in the Current Conflicts in Afghanistan and Iraq." Texas Orthopaedic Association (TOA) Annual Meeting, Austin, TX, 24 April 2009, *2nd place resident competition*.

Burns TC, Stinner DJ, Possley DR, Mack AW, Eckel TT, Potter BK, Wenke JC, Hsu JR. "Does the zone of injury in Combat Related Type III Open Tibia Fractures Preclude Use of Local Soft Tissue Coverage?" 11th Annual George E. Omer, Jr Research and Alumni Lectureship, San Antonio, Texas, 8 May 2009.

Stinner DJ, **Burns TC**, Kirk KL, Ficke JR. "Return to Duty Rate of Amputee Soldiers in the Current Conflicts in Afghanistan and Iraq." 11th Annual George E. Omer Jr., Research and Alumni Lectureship, San Antonio, Texas, 8 May 2009, *Omer Research Award*.

Burns TC, Stinner DJ, Possley DR, Mack AW, Eckel TT, Potter BK, Wenke JC, Hsu JR. "Does the zone of injury in Combat Related Type III Open Tibia Fractures Preclude Use of Local Soft Tissue Coverage?" Roy Davis Orthopedic Research Competition, San Antonio, Texas, 11 May 2009.

Stinner DJ, **Burns TC**, Kirk KL, Ficke JR. "Return to Duty Rate of Amputee Soldiers in the Current Conflicts in Afghanistan and Iraq." 31st Annual Gary P. Wratten Symposium, Tacoma, WA, 22 May 2009.

Stinner DJ, **Burns TC**, Kirk KL, Ficke JR. "Return to Duty Rate of Amputee Soldiers in the Current Conflicts in Afghanistan and Iraq." American Orthopaedic Foot and Ankle Society Annual Meeting, Vancouver, BC, Canada, 15-18 July 2009.

Cross JD, Stinner DJ, **Burns TC**, Wenke JC, Hsu JR. Return to Military Active Duty Following Type III Open Tibia Fracture. Limb Lengthening and Reconstruction Society Annual Meeting, New York City, NY, 16-17 July 2010.

Burns TC, Beltran MJ, Eckel TT, Potter BK, Wenke JC, Hsu JR. Fate of Combat Nerve Injury. Limb Lengthening and Reconstruction Society Annual Meeting, New York City, NY, 16-17 July 2010.

Burns TC, Stinner DJ, Kirk KL, Scoville CR, Ficke JR, Hsu JR. Prevalence of Late Amputations During the Current Conflicts in Afghanistan and Iraq. Limb Lengthening and Reconstruction Society Annual Meeting, New York City, NY, 16-17 July 2010.

Cross JD, Stinner DJ, **Burns TC**, Wenke JC, Hsu JR. Return to Military Active Duty Following Type III Open Tibia Fracture. Society of Military Orthopedic Surgeons Annual Meeting, Vail, CO, Limb Lengthening and Reconstruction Society Annual Meeting, New York City, NY, 13-17 Dec 2010. *Founder's Award*.

Burns TC. Symposium: Current Trends in Fracture Management – Clavicle Fractures. Texas Orthopedic Association Annual Meeting, San Antonio, Tx, 10-12 April 2014.

Burns TC. Symposium: Shoulder Overuse to Old Age – Rotator Cuff Tears. Texas Orthopedic Association Annual Meeting, San Antonio, Tx 10-12 April 2014.

Burns TC. Shoulder Instability in the Military. AOSSM SLARD Traveling Fellowship. Santiago, Chile, Sao Paolo, Brazil, Buenos Aires, Argentina, Cali Columbia. June 2014.

Burns TC. Arthroscopic Treatment of Scapulothoracic Snapping. AOSSM SLARD Traveling Fellowship. Santiago, Chile, Sao Paolo, Brazil, Buenos Aires, Argentina, Cali Columbia. June 2014.

INVITED PRESENTATIONS

Smith Nephew: Surgical Approaches for internal fixation. Surgical Approaches to the Proximal Humerus. San Antonio, Texas 2012

Smith Nephew Advanced Arthroscopy, San Antonio, Texas 2013
Hip arthroscopy: indications, portal placement, access

SOMOS Smith Nephew Advanced Arthroscopy Course, 2013
Hip arthroscopy knotless labral repair

Mitek Advanced Shoulder Skills Lab, San Antonio, 2014
Guided Latarjet for improved access and control

AANA SOMOS Advanced Knee Arthroscopy Course, August 14-16, 2015
HTOs: Tricks to make it safe, easy, and fast

Advanced Concepts in Sports Medicine and Orthopaedic Surgery, November 6-8, 2015.
Is it really “Irreparable?” Tips on how to repair any tendon tear

Advanced Concepts in Sports Medicine and Orthopaedic Surgery, November 6-8, 2015.
Blood Flow Restriction for Post-Operative Rehabilitation

Advanced Concepts in Sports Medicine and Orthopaedic Surgery, November 6-8, 2015.
Posterolateral Corner Reconstruction

Advanced Concepts in Sports Medicine and Orthopaedic Surgery, November 6-8, 2015.
ALL Reconstruction - When and How To Do It?

AAOS Exactech Shoulder Arthroplasty Advanced Concepts. Orlando, Florida. March 3, 2016.
Shoulder Arthroplasty in Active Duty Population

Depuy Mitek Sports Medicine Fellows Arthroscopy Forum. Tampa, Florida. April 1-2, 2016.
Hip Arthroscopy Techniques: Tips and Tricks

Depuy Mitek Sports Medicine Fellows Arthroscopy Forum. Tampa, Florida. April 1-2, 2016.
Hip Arthroscopy: Case Presentation Hamstring Tear

APTA Combined Sections Meeting. Managing the Chaos: Rehab of Multiple Ligament Knee Injuries.
Surgeon’s Perspective: Rehabilitation after reconstruction.
San Antonio, Texas. April 27, 2017

AOSSM Surgical Skills Meeting. Pec Major Repair – How to do it Anatomically. Chicago, IL. October 13-14, 2017.

47th Annual Symposium on Sports Medicine. Biologics in Knee Surgery. UT Health San Antonio Joe R. and Teresa Lozano Long School of Medicine, Department of Orthopaedics. San Antonio, Texas. January 23-25, 2020.

Current Techniques in Knee & Shoulder Arthroscopy Course. Johnson & Johnson Mitek. UCSD, La Jolla, California. February 29, 2020. Suprapectoral Biceps Tenodesis.

Current Techniques in Knee & Shoulder Arthroscopy Course. Johnson & Johnson Mitek. UCSD, La Jolla, California. February 29, 2020. Bone tendon bone ACL reconstruction.

International ACL Arthroscopic Webinar. Johnson & Johnson Mitek. Webinar. May 7, 2020. Why I believe in BTB ACL reconstruction.

Enabling Technologies in ACL Reconstruction. Johnson & Johnson Mitek. Webinar. April 6, 2021. Use of Rigid Loop for Soft Tissue ACL reconstruction.

Future Leaders Sports Medicine. Arthroscopic Biceps Tenodesis. Johnson & Johnson Mitek. Miami, Florida. February 4-5, 2022.

EXTRACURRICULAR

Academic Individual Advanced Development in Israel (diplomat for the United States – sponsored through the Jewish International National Security Agency) 1999
4 Year Letterman – Men’s Tennis Team – West Point
University of Texas Medical Student Delegation to Beijing, China 2004
Medical Readiness Training with JTF Bravo Tegucigalpa, Honduras 2006, 2008
San Antonio Livestock Show and Rodeo, Medical Committee, 2019, 2021

PROFESSIONAL SOCIETIES/ORGANIZATIONS

Child Advocates of San Antonio (CASA)

Fellow, American Academy of Orthopedic Surgeons (AAOS), Committee Member

American Orthopaedic Society for Sports Medicine (AOSSM), Committee Member

American Shoulder and Elbow Society (ASES)

Society of Military Orthopedic Surgeons (SOMOS)

Arthroscopy Association of North America (AANA)

Association of Graduates, United States Military Academy

Texas Medical Association